MEDIATION REQUEST FORM

Instructions:

- * If you, the employee, wish to enter mediation to resolve a conflict, please complete and sign section I of this form.
- * If you, the supervisor, wish to refer your staff member(s) for mediation, discuss it with them, then complete and sign section I of this form.

SECTION I	
Employee(s)	
NAME:	NAME:
DEPT:	DEPT:
NATURE OF DISPUTE:	
	IGNATURE:
DO NOT	T WRITE BELOW THIS LINE
SECTION II (Mediation Coordinate	tor use only)
MEDIATOR 1	MEDIATOR 2
NAME:	NAME:
DEPT:	DEPT: